## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/598372
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

## **CLAIMS**

|          | AS FILED     |  | AFTER<br>1"AMENDMENT   |              | AFTER 2 MAMENDMENT |  |
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| TOTAL          |  | 4  | <b>SC</b>    | <b>48</b>  |                    | 4  |  |
| TOTAL<br>CLAIM | is   |  |              |  | 6.5                | \$ 1.2   |  |

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